

<i>SERFF Tracking Number:</i>	<i>CMPL-125572310</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>American Medical and Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>38567</i>
<i>Company Tracking Number:</i>	<i>AMLI FORM ASG MM 2006-END-PE</i>		
<i>TOI:</i>	<i>H16G Group Health - Major Medical</i>	<i>Sub-TOI:</i>	<i>H16G.002C Large Group Only - Other</i>
<i>Product Name:</i>	<i>AMLI Form ASG MM 2006-END-PE</i>		
<i>Project Name/Number:</i>	<i>AMLI Form ASG MM 2006-END-PE /AMLI Form ASG MM 2006-END-PE</i>		

## Filing at a Glance

Company: American Medical and Life Insurance Company

Product Name: AMLI Form ASG MM 2006-END-PE      SERFF Tr Num: CMPL-125572310      State: ArkansasLH

TOI: H16G Group Health - Major Medical      SERFF Status: Closed      State Tr Num: 38567

Sub-TOI: H16G.002C Large Group Only - Other      Co Tr Num: AMLI FORM ASG MM 2006-END-PE      State Status: Approved-Closed

Filing Type: Form	Co Status:	Reviewer(s): Rosalind Minor
	Author: Nancy French	Disposition Date: 04/03/2008
	Date Submitted: 03/31/2008	Disposition Status: Approved-Closed

Implementation Date Requested: On Approval      Implementation Date:

State Filing Description:

## General Information

Project Name: AMLI Form ASG MM 2006-END-PE  
 Project Number: AMLI Form ASG MM 2006-END-PE  
 Requested Filing Mode: Review & Approval  
 Explanation for Combination/Other:  
 Submission Type: New Submission  
 Overall Rate Impact:  
 Filing Status Changed: 04/03/2008  
 State Status Changed: 04/03/2008  
 Corresponding Filing Tracking Number:

Status of Filing in Domicile:  
 Date Approved in Domicile:  
 Domicile Status Comments:  
 Market Type: Group  
 Group Market Size: Large  
 Group Market Type: Association

Deemer Date:

Filing Description:

Re: American Medical and Life Insurance Company

NAIC #81418

FEIN #13-2562243

SERFF Tracking Number: CMPL-125572310 State: Arkansas  
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Company Tracking Number: AMLI FORM ASG MM 2006-END-PE  
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**Form ASG MM 2006-END-PE, Amendatory Endorsement – Pre-Existing Conditions**

Dear Commissioner:

Compliance Research Services is pleased to submit the enclosed forms on behalf of American Medical and Life Insurance Company (AMLI). A letter of filing authorization is enclosed.

The enclosed endorsement will be used in connection with the coverage issued to members of the Consumer Direct Association of America. Hospital-medical coverage is available to association members through a Texas policy issued by AMLI. On 11-07-2007 your Department approved Endorsement form ASG MM 2006 END Plan Year which provides the option for members of the association to increase the benefit maximum. The enclosed Endorsement applies a twelve month pre-existing conditions limitation to such increases.

Inclusion of the endorsement will not result in a change in premium. It will be included in certificates of members who elect to increased benefits.

The endorsement is new and does not replace any forms currently on file with your Department. It is in final format. AMLI requests the right to change the type style and paper size or to issue the form in electronic format.

The required state filing transmittal forms and documents are included.

If you have any questions concerning this filing, please contact me at the phone number or email address shown below.

Sincerely,

J. David Simon, CLU  
President  
513-984-6050  
dsimon@crssolutionsgroup.com

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## Company and Contact

### Filing Contact Information

(This filing was made by a third party - complianceresearchservicesllc)

Nancy French, Product Manager nfrench@crssolutionsgroup.com  
 10921 Reed Hartman Highway (513) 984-6050 [Phone]  
 Cincinnati, OH 45242 (513) 984-7212[FAX]

### Filing Company Information

American Medical and Life Insurance Company CoCode: 81418 State of Domicile: New York  
 8 West 38th Street - Suite 1002 Group Code: Company Type:  
 New York, NY 10018 Group Name: State ID Number:  
 (513) 984-6050 ext. [Phone] FEIN Number: 13-2562243  
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## Filing Fees

Fee Required? Yes  
 Fee Amount: \$20.00  
 Retaliatory? No  
 Fee Explanation: one form at \$20.00  
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
American Medical and Life Insurance Company	\$20.00	03/31/2008	19151047

SERFF Tracking Number: CMPL-125572310 State: Arkansas  
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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	04/03/2008	04/03/2008

*SERFF Tracking Number:* CMPL-125572310 *State:* Arkansas  
*Filing Company:* American Medical and Life Insurance Company *State Tracking Number:* 38567  
*Company Tracking Number:* AMLI FORM ASG MM 2006-END-PE  
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*Product Name:* AMLI Form ASG MM 2006-END-PE  
*Project Name/Number:* AMLI Form ASG MM 2006-END-PE /AMLI Form ASG MM 2006-END-PE

## Disposition

Disposition Date: 04/03/2008

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: CMPL-125572310 State: Arkansas

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Item Type	Item Name	Item Status	Public Access
Supporting Document	Certification/Notice	Approved-Closed	Yes
Supporting Document	Application	Approved-Closed	Yes
Supporting Document	Filing Authorization	Approved-Closed	Yes
Supporting Document	Readability Certification	Approved-Closed	Yes
Form	AMENDATORY ENDORSEMENT	Approved-Closed	Yes

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## Form Schedule

**Lead Form Number:** ASG MM 2006-END-PE

Review Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Approved-Closed	ASG MM 2006-END-PE	Certificate Amendmen t, Insert Page, Endorseme nt or Rider	AMENDATORY ENDORSEMENT	Initial		41	Pre Ex AE - Endorsement. pdf



## AMENDATORY ENDORSEMENT

This Amendatory Endorsement is made a part of Certificate form AMLI ASG MM, et al, and is subject to all terms and provisions of such Certificate not inconsistent herewith. This amendatory endorsement is effective on [March 1, 2008].

If a Covered Person's benefits under the Group Policy are increased, the Covered Person will not be paid the increased benefit amount for the expenses incurred for the treatment of a Pre-existing Condition for the first 12 months after the increase became effective. During the first 12 months, the Covered Person will receive the benefit in effect prior to the increase.

For the purposes of this Amendatory Endorsement, Pre-Existing Condition means a Sickness, Pregnancy or Injury for which medical care, treatment, diagnosis or advice was received or recommended within the 12 months prior to the date the Covered Person's increased benefit amount became effective.

There are no other changes to the Group Policy or Certificate.

This Amendatory Endorsement expires concurrently with the Certificate to which it is attached, and is subject to all of the terms and conditions of the Group Policy not inconsistent therewith.

In Witness Whereof, We have caused this Amendatory Endorsement to be signed by:

A handwritten signature in black ink, appearing to read "John Doe", is positioned above the title of the signatory.

Chairman, President and CEO



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## **Rate Information**

Rate data does NOT apply to filing.

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## Supporting Document Schedules

**Review Status:**  
**Satisfied -Name:** Certification/Notice Approved-Closed 04/03/2008  
**Comments:**  
**Attachment:**  
AR\_AR Certif of Compliance with Rule 19.pdf

**Review Status:**  
**Bypassed -Name:** Application Approved-Closed 04/03/2008  
**Bypass Reason:** This is an endorsement only submission - no application is being submitted.  
**Comments:**

**Review Status:**  
**Satisfied -Name:** Filing Authorization Approved-Closed 04/03/2008  
**Comments:**  
**Attachment:**  
AMLI authorization letter - 01-31-2008.pdf

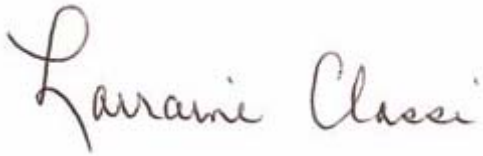
**Review Status:**  
**Satisfied -Name:** Readability Certification Approved-Closed 04/03/2008  
**Comments:**  
**Attachment:**  
READABILITY CERTIFICATION.pdf

## **Certificate of Compliance with Arkansas Rule and Regulation 19**

Insurer: American Medical and Life Insurance Company

Form Number(s): **Form ASG MM 2006-END-PE**

I hereby certify that the filing above meets all applicable Arkansas requirements including the requirements of Rule and Regulation 19.

A handwritten signature in dark ink that reads "Lorraine Classi". The signature is written in a cursive style with a large initial "L".

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Signature of Company Officer

Lorraine Classi

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Name

---

Executive VP

Title

---

3-26-2008

Date



8 West 38th Street · Suite 1002  
New York, NY 10018

Lorraine Classi

EXECUTIVE VICE PRESIDENT OF OPERATIONS

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[lclassi@usamli.com](mailto:lclassi@usamli.com)

[www.usamli.com](http://www.usamli.com)

January 31, 2008

NAIC Company Code: 81418

Re: Policies and Related Forms

To: All Departments of Insurance

American Medical and Life Insurance Company hereby authorizes Compliance Research Services, LLC to represent us in the submission of the above-referenced forms and to negotiate with insurance departments for their approval.

Sincerely,

Lorraine Classi  
Executive Vice President & Chief Compliance Officer



## READABILITY CERTIFICATION

**RE:** American Medical and Life Insurance Company

**NAIC #** 81418

**FEIN #** 13-2562243

This is to certify that form(s) listed below have achieved at least the minimum required score on the Flesch Reading Ease Test.

<u>Forms</u>	<u>Score</u>
Form ASG MM 2006-END-PE – Amendatory Endorsement	41.0



J. David Simon, CLU

President

513-984-6050

[dsimon@crssolutionsgroup.com](mailto:dsimon@crssolutionsgroup.com)

March 27, 2008